

DEPARTMENT OF HEALTH
Health Systems Quality Assurance Division
Office of Emergency Medical Services and Trauma Systems

Regional EMS and Trauma Care Council
Membership Application Instructions
for
Appointment or Reappointment
to Regional EMS and Trauma Care Councils

1. Be sure to identify the position that you will be representing on the council. If you are unsure of the specific position title, please contact your regional council office.
2. Please provide a mailing address where you would like to receive EMS and Trauma information (Section 2).
3. You must have your Local EMS/Trauma Care Council Chair recommend you for the position by signing the application (Section 3).
4. If you are representing an organization, please have the head of your organization sign the application form (Section 4). Also include any letters of recommendation from your organization.
5. Please supply any additional information in Section 5.
6. Please be sure that the entire form has been completed, signed and dated.

Mail your completed application to:

Debra Ann Galvan
Regional Council Appointments Coordinator
PO Box 47853
Olympia, WA 98504-7853

Questions? Please call Debra at (800) 458-5281 (in-state only) or (360) 236-2838.

DEPARTMENT OF HEALTH
Health Systems Quality Assurance Division
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Regional EMS and Trauma Care Council
MEMBERSHIP APPLICATION

Please print all information and complete both sides of this application.

1. I, _____ am applying for appointment / reappointment
(Circle One Above)

as the _____ representative on the
(please specify if "alternate")

_____ Region EMS/Trauma Care Council from _____ County.

2. Preferred mailing address for Regional Council business:

Contact information:

Work (_____) _____ Home (_____) _____

FAX (_____) _____ Email: _____

3. **LOCAL EMS COUNCIL RECOMMENDATION:**

Chair / President: _____

Signature: _____ Date _____

4. Complete if you are formally representing an agency or organization:
(attach any letters of recommendation)

Agency / organization name: _____

Head of organization: _____

Title: _____

Signature: _____ Date _____

(Over)

5. Please answer the following:

a) Why are you interested in serving on the Regional Council?

b) What are your abilities, i.e., education, employment and/or experience that qualify you for this position? (attach any additional information)

c) Current employment: _____

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Applicant Signature	Date

Return completed form to:

Debra Ann Galvan
Regional Council Appointments Coordinator
Office of EMS and Trauma System
PO Box 47853
Olympia, WA 98504-7853

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Personal Information (Optional):

NOTE: The Governor and the Department of Health desire a broad representation of backgrounds on boards, committees and councils. The information below will assist in this goal and is voluntary on your part.

Of what race or ethnicity do you consider yourself to be?

- ☐ Black/African-American
☐ Asian or Pacific Islander American

If you are Asian or Pacific Islander, please check one box below:

- ☐ Chinese ☐ Vietnamese
☐ Filipino ☐ Asian Indian
☐ Hawaiian ☐ Japanese

- ☐ Korean ☐ Cambodian

- ☐ Samoan ☐ Laotian
☐ Guamanian ☐ Other: _____

- ☐ White/Caucasian
☐ American Indian or Alaska Native

If you are American Indian or Alaska Native, please check one box below:

- ☐ Eskimo
☐ Aleut
Enrolled or principal tribe if American Indian:
Tribe: _____

- ☐ Latino (a), Hispanic, or Spanish?

If you are Latino (a), Hispanic, or Spanish, please check one box below:

- ☐ Mexican, Mexican-American, Chicano
☐ Puerto Rican
☐ Cuban
☐ Other Latino (a), Hispanic, or Spanish
Enter group, such as Colombian, Dominican, etc.
Group: _____

☐ Other Race: _____ Birth Date: ____/____/____

☐ Female ☐ Male

Do you have a permanent physical, sensory, or mental condition that substantially limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning? ☐ Yes ☐ No

Have you ever been on active duty in the U.S. Armed Forces? ☐ Yes ☐ No